KENTUCKY HEAD START PROGRAM 2012 TANF LIST REQUEST

NAME OF PROGRAM:				
ADDRESS OF PROGRAM:				
PHONE:				
FAX:				
PERSON REQUESTING INFORM	MATION:			
COUNTY OR COUNTIES REQUE	ESTED:			
REQUESTED AGE GROUP LISTI	3-4 Years	old by October 1	of requested year of requested year age group needed)	
FORMAT OF REQUESTED INFO Mailing labels one c Mailing labels two c Hard copy list only	ору	check one choice)		
Our program's confidentiality MOU is current:		YES	NO	(Circle One)
Please email or send request t	co:			
Joe Roberts Head Start State Colla Governor's Office of E 125 Holmes St. Frankfort, KY 40601 Office: (502)782-0201	arly Childhood			

Fax: (502)

Joe.roberts@ky.gov